SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

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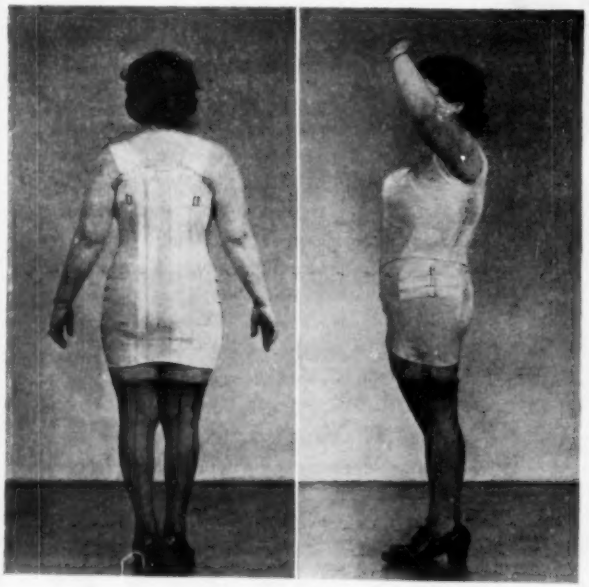
CONTENTS



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ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

Vol. LIV NOVEMBER 1950 No. 11

DIGS

The student is traditionally a carefree individual. Apart from an occasional encounter with the examiners he is not called upon to bear many of the burdens that the irksome world imposes on the human race. If, however, there is one factor that mars his otherwise blissful existence it is the eternal problem of finding digs. With the background of a handsome bank balance one could quite easily settle into the most desirable lodgings and bask comfortably under the care of the perfect landlady. The medical student, with his notoriously empty pockets, is in a far less rosy situation. He only seeks a place with inexpensive terms and a minimum of disadvantages.

Never before have digs been so difficult to obtain. Whether because of this or for other reasons, there has been a noteworthy change in the disposition of the homeless student. The fact is that so many young men of the present generation prefer to live in flats. Rather than be tied down by the regimens of landladies they choose to have a place of their own and manage their domestic affairs for themselves. An Englishman's home is certainly his castle and we all like to feel independent to some degree. It is new, however, for the idle male to carry his freedom to the extent of forfeiting the ministrations of a landlady. The impecunious Bob Sawyer would not have taken kindly to the idea of preparing his own breakfast. Perhaps this revolution is a gesture of defiance against the enfranchisement of women.

"Look how well we can tackle a man's job," say the ladies.

"Indeed?" say the gentlemen, hastily scraping the charcoal off the toast. "No doubt with a little practice we shall make a very creditable showing at these culinary gymnastics."

In these days some ten per cent. or more of students are married. For such couples a flat makes an excellent temporary home and the husbands are naturally prepared to do their fair share of domestic work. One cannot enjoy the privileges of married life without foregoing some of the pleasures of bachelorhood. What is strange, however, is that the single men are forgetting their right to these pleasures.

The possible habitats of the single man are limited in number. For the man of means and worldly status there is the comfortable home and housekeeper. For others there are the standard lodging-house and the free-booter's flat. These we have already considered. For the student there is a fourth type of dwelling-place available. It is an arrangement for convenience, as sound as it is old—the community life. The older universities through the centuries have found the system to be the most economical and pleasant for the student. It is when people live and work and talk together that thought and learning become directed along the most fruitful channels. The ideal community for this purpose is the non-departmental, where students of all arts and sciences can share their several branches of knowledge to their mutual advantage. A colony made up of students of one faculty alone might prove to be less stimulating and this may be the reason why the teaching hospitals have never developed to any extent the system of college life. The foundation of a residential medical college at Bart.'s would, nevertheless, be an experiment worthy of trial.

An hostel on these lines is now nearing completion in Charterhouse Square. *College Hall*, as it is to be called, is to be used primarily as quarters for clinical students. Rooms will not be available there for Junior

Housemen. Dressers and clerks doing their first appointments will be given an opportunity of serving as residents on their firms for one month at least out of the three. It was intended that the building should be completed by October of this year, but as is the way with most projects nowadays the ideal has not been fulfilled. No definite date of opening can be given, but we can look forward to it with eager anticipation. Good luck to *College Hall*!

CORRESPONDENCE

A REGISTER OF BART'S MEN

The Editor,
St. Bartholomew's Hospital Journal.

Sir,

May I make a strong plea for the compiling and publishing of a Register of qualified and clinical undergraduate Bart.'s men with their addresses and other relevant professional data on the lines of those published annually by other University Colleges and teaching Hospitals?

I am aware that the *Journal* occasionally publishes changes of address, but this is but a poor substitute when so few Bart.'s men continue to read the *Journal* when they leave the Hospital*.

There must be many old Bart.'s men who have lost touch with their contemporaries and who would welcome the chance to see what has happened to their once fellow clerks and dressers; and I feel that not only would it supply a "long felt want" to these men, but that the present generation, too, would find it interesting to see how large a proportion of leading men in the profession were trained here.

There would seem to be scope for some form of Old Bart.'s Society; an annual dinner and register of members would be the bare essential.

Yours, etc.,

P. G. CRONK.

* NOTE: There are over 1,000 old Bart.'s men who subscribe to the Journal.—*Editor.*

MISSION TO THE UNIVERSITY

The Editor,
St. Bartholomew's Hospital Journal.

Sir,

"There are issues on which it is impossible to be neutral," said Sir Hector Hetherington, Principal of Glasgow University. "These issues strike right down to the roots of man's existence. We cannot live a full life without knowing exactly where we stand regarding these fundamental issues of life and destiny."

Time for the consideration of these issues is not always easy to find. Yet some opportunities may be provided by the meetings to be held throughout London University from November 5—19 under the traditional title —"Mission to the University." In addition to the central meetings at Kings College, Strand, Bart.'s is to have special speakers at meetings on November 7, 10, 13 and 17, which may commend themselves to the early notice of your readers.

The Mission is of particular interest to all in Bart.'s because the Rev .Dr. D. Martyn Lloyd-Jones, M.D., M.R.C.P., formerly of the Hospital staff, is leading it. Its title, "God has spoken," calls attention, in our search for truth, to the fact that the revelation of God through Jesus Christ is as apposite to our present condition as to that of past centuries.

I am, Sir,
Yours truly,
GAIUS DAVIES.
(*President, Christian Union*)

Abernethian Room,
St. Bartholomew's Hospital,
London, E.C.1.

ROUND THE FOUNTAIN

The fifth edition of this anthology of verse and prose from the JOURNAL, 1893-1949, was published in December of last year and is still on sale.

Order your copy now. The price is four and ninepence (post free).

THE JOURNAL

The editor regrets that owing to the printing dispute this issue of the JOURNAL is late in appearing.

DELEGATION OF DUTIES AND TRESPASS TO THE PATIENT

By W. M. LEVITT

A case of importance to members of hospital staffs was recently tried by Lord Justice Singleton in the Kings Bench Division (*Michael v. Molesworth, Folkestone Herald,* June 9, 1950, and *British Medical Journal,* July 15, 1950).

The facts of the case were as follows. The plaintiff consulted the defendant surgeon for advice regarding his hernia. The surgeon, who was a senior member of a hospital staff, admitted him to a public ward in his hospital and an operation was subsequently carried out by the house surgeon. This operation was completely successful. The plaintiff sued the surgeon—

(1) for breach of an alleged contract under which, he claimed, the surgeon undertook to carry out the operation personally, and
(2) for procuring the house surgeon to commit a trespass to the person upon him.

He did not sue the house surgeon.

The Court found—

(1) That the surgeon had not entered into any contract to operate personally and the action, therefore, failed under this head, and
(2) That the surgeon did procure the house surgeon to operate upon the patient without his consent and in respect of that he was guilty of a technical trespass for which the patient was awarded the nominal damages of 20/-. The plaintiff, however, was not allowed costs against the surgeon, although the surgeon remained liable for his own costs in the case.

It is considered that this decision may contain important implications for medical men having charge of patients in hospitals and it has, therefore, been thought worth while to prepare this note on the legal principles involved.

It will be convenient to consider separately the two separate causes of action, in contract and in trespass respectively.

(1) Action in Contract

In this action the patient said, in effect, "you promised to operate on me personally and I promised to pay you a fee of 25 guineas in return. You failed to operate on me personally and you are, therefore, in breach of your contract for which I claim damages." The surgeon's answer was, in effect, as follows—"I never promised to carry out the operation personally and I never obtained from you a promise of a fee of 25 guineas."

What the Court had to decide in this action, therefore, was a question of fact and not of law. Who was to be believed? The Court preferred the surgeon's account and it was accordingly held that there was no contract.

Comment.—In English law a contract, to be valid, unless made by deed, must show consideration, that is to say, some payment, forbearance, detriment or responsibility, given, suffered or undertaken by the one party in return for the benefit he receives from the other. A promise to pay a fee in return for a promise to carry out an operation is consideration and accordingly an exchange of such promises will produce a valid contract. Where, therefore, a surgeon undertakes to carry out an operation in return for a fee, he will be under a legal obligation to carry it out personally unless some subsequent new arrangement is made. Few surgeons would find fault with this liability. What, however, of the case where the surgeon promises to operate without fee, e.g., in the public ward of a hospital? It will be clear from the definition of consideration (supra) that this need not be monetary. Any detriment suffered by the patient may be sufficient to support a contract and it is well settled that consideration need not necessarily be adequate; indeed, comparatively trifling consideration in relation to the benefit has frequently been held by the Court to support a contract. It may well be that the very detriment suffered by the patient in entering hospital and submitting himself to the operation may be sufficient to support the contract and to render a promise which may, perhaps, be made lightly by the surgeon, enforceable in law, and this may be so whether the promise is made to a National Health Service patient at a visit to outpatients or by a private patient at a preliminary private consultation. There is also the possibility in the latter case that where a fee has been paid for the consultation which is greater than the normal fee, consideration might be found in the excess.

The lesson to be learned seems to be that a member of a hospital staff should not

lightly promise a patient to undertake any particular part of his treatment personally. Even more important, however, than the possible liability in contract is the implication which may be contained in such a promise, however lightly made, that consent by any other person to operate upon the patient is excluded and, therefore, any person operating without express consent may find himself liable in trespass as may also any person who procures his doing so (e.g., the surgeon who delegates him to act.

(2) The Action in Trespass

In this action the plaintiff's claim was in effect as follows: "I authorised you and no other person to carry out the operation. In procuring the house surgeon to operate upon me, therefore, you procured a trespass." The defence was in effect as follows: "I never undertook to carry out the operation personally and therefore your consent must be implied to the performance of the operation by any person to whose lot it would properly fall in accordance with ordinary hospital routine. Moreover, I delegated the performance of the operation to the house surgeon in your presence and inasmuch as you made no protest, your consent must be implied from that."

The Court found that consent to the operation by the house surgeon could not be implied and had not been expressed. The house surgeon would, therefore, have been liable in trespass had he been sued (which he was not), and the surgeon was held liable for procuring the trespass.

Comment. — Any unauthorised interference with the person is a trespass and gives rise to an action for damages. Trespass is one of the oldest actions in English law and is one of the very few actions in which the plaintiff may succeed although he has suffered no actual damage. Indeed, in the case under consideration, the patient had actually benefited by the trespass inasmuch as the operation was a complete success. In strict law, therefore, the consent of the patient is necessary before anyone may even put a hand upon him. This consent, however, need not necessarily be expressed. It can be implied from the circumstances and will be implied where the circumstances are such that any reasonable person would imply it. Thus, if a hospital nurse approaches a patient in the ward with a syringe in her hand and with the obvious intention of giving him an injection, and the patient makes no protest, his consent to the injection may be implied. In the same way, if a patient in a hospital makes no objection to examination by a student, his consent to this examination may be implied. Where, however, a patient is unconscious at the time when some procedure is being carried out upon him, the position is not so clear. Doubtless, if a patient is brought into hospital unconscious, or becomes unconscious and an emergency exists, consent may be waived to anything that is done for his benefit. But where a patient of sound mind is to be taken to the theatre for the purposes of an operation, ought express consent be obtained to the surgeon who is proposing to perform the operation? Prior to the decision in the case at present under consideration, one would have answered with some confidence that unless the patient has stipulated for a particular surgeon, or unless a particular surgeon has promised to undertake the operation, consent would be implied to the performance of the operation by any person properly qualified for the purpose to whom the task had been properly delegated. One would have argued that any reasonable person entering a hospital must know that there are junior doctors as well as senior doctors and the person in whose nominal charge a ward is, cannot be expected to undertake all the work of that ward. In such circumstances, one might reasonably conclude that consent would be implied to the performance of any procedure by a properly qualified person deputed to perform it by the person in charge of the patient, unless of course, consent had previously been excluded by some such stipulation or promise as is mentioned above. This view is still probably correct although the decision in Molesworth's case is a little disturbing. In Molesworth's case, the Judge, having found that there was no promise by the surgeon to carry out the operation personally, proceeded to find the defendant guilty of procuring the trespass by the house surgeon. It is not suggested that such a finding was illogical. All that it means is that the Judge found as a fact that the patient expected to be operated on by the surgeon, and not by anyone else and, therefore, that consent to the operation by any other person could not be implied. What is disturbing about this finding is that a surgeon may find himself liable in trespass as a result of a pure misunderstanding. It is true that

the Judge said in this case that the action should never have been brought, awarding only nominal damages. This was, however, a case in which everything had gone well and the patient was cured of his hernia. The result might have been very different if, following such a misunderstanding, things had gone wrong at or after the operation.

The lesson of this action serves to emphasise that of the former, that a member of a hospital staff should take care not to convey to a patient the impression that he will personally undertake any part of his treatment or diagnosis. If he makes a promise to this effect and finds he cannot keep it, he should consult the patient first and obtain his consent to any other person to whom he intends to delegate the task. It will be recollected that in Molesworth's case, the patient saw the surgeon first at a private consultation and, doubtless, the risk of a misunderstanding is greater when the patient sees the surgeon first in private, but it can still exist in purely hospital practice.

The question has been asked as to whether liability in trespass could be excluded by adding some suitable formula to the form of consent to operation. In the present case, the plaintiff had signed a document by which he agreed to accept the ministrations of the hospital staff, including the house surgeon, and it was contended that the operation was performed as part of the services given by the hospital. Lord Justice Singleton held, however, that this document consenting to the operation was not a bar to the right of the plaintiff to sue in trespass. It would appear, therefore, that in order for a document to be effective, it would have to state in clear terms that consent were given to the performance of the operation by the surgeon under whose care the patient nominally was, or by any person deputed by him to perform it. The validity of such a document, however, might fail to be upheld where the patient had previously received a promise of personal attendance by a surgeon and pleaded that he regarded the document as a purely formal one, the contents of which he failed fully to apprehend.

This note is based on the report of the case of *Michael v. Molesworth* reported in the *Folkestone Herald* of June 10 1950, and in the *British Medical Journal* of July 15 1950. The case has not so far been reported in the law reports and may not be so reported. No authoritative record of the judgment is therefore available, but it can probably be safely assumed that the material parts of the judgment have been accurately reported in the press.

LECTURES ON THE HISTORY OF MEDICINE

A course of ten lectures on the history of medicine is being held during the 1950/51 Session, the lectures being given on alternate Mondays at 5.45 p.m. in the Clinical Lecture Theatre. Mr. Geoffrey Keynes delivered the Inaugural Lecture on October 9th, and Prof. A. J. E. Cave spoke on "The Beginnings of Anatomy," on October 23rd.

In connection with each lecture, an Exhibition of Books and Prints is held in the Gallery of the Lecture Theatre on the day of the lecture, and also on the following day. Forthcoming lectures:

6th November	Physiology	Prof. K. J. Franklin
20th November	Biochemistry & Chemotherapy	Prof. A. Wormall
4th December	History of St. Bartholomew's Hospital	Dr. Gweneth Whitteridge
18th December	History of Infant Feeding	Dr. I. G. Wickes
8th January	Dermatology	Dr. R. M. B. MacKenna
22nd January	Surgery	Prof. Sir James Paterson Ross
5th February	Pathology & Bacteriology	Prof. J. W. S. Blacklock
19th February	Anaesthesia	Dr. A. W. Franklin

DEATH

We announce with regret the death of Dr. Claude D. Henry of Wellington, New Zealand.

FAITH AND HUMOUR IN THE SUDAN

By NORMAN F. SMITH

The article JUNGLE MEDICINE? which opened the March issue of this journal rightly pointed out two great advantages of practice in the Colonies. First, the early assumption of responsibility. Secondly, that the Colonial Medical Service is not an intellectual backwater.

It is now more than twenty years since I completed six years of service with the Sudan Civil Medical Department. Most of the time my wife was out there with me and scarcely a day passes when we do not reminisce happily about those six years. We forget the heat, the sand storms and the sandflies, the mosquitoes and the scorpions. We remember the sunrises and the sunsets, the miracle of a flight of flamingoes taking off from their feeding ground and the swish of crocodiles playing round the tiny sailing boat when we tied up for the night.

Responsibility there was in plenty. A short briefing and you were off by camel or Nile boat for weeks or even months at a time —on your own—knowing that headquarters would not worry you nor worry about you, unless you were imprudent enough to betray your whereabouts by sending a telegram to Khartoum. And even the great ones there were several thousands of miles away from their lords and masters at the Foreign Office. What freedom! But, if I may repeat it, what responsibility. Between tours the young medical inspector would find himself in charge of a large hospital or of a quarantine station. It is no light task to hold up the pilgrims returning from Mecca or to dispose of a group of smallpox patients—perhaps twenty or more—housed in tents in the doctor's garden pending his return.

As to the intellectual backwater, you always carried "Osler" in your medicine box (he still smells faintly of thymol). You were perpetually on the job of prevention or cure. But best of all there was the warm welcome that awaited you on return to the larger centres. An incomparable bunch of colleagues were all eager to hear you and aspirations in the light of their own more equally eager to discuss your difficulties and mature experience. Discussions went on until the moon rose high in the sky and the party crept away noiselessly to their beds on the roof, leaving their host asleep on his lawn, lulled by the ceaseless croaking of the bull-frogs.

But the leaven of this life was to be found in the humour and faith of the people of the country. I would like to give a few instances to illustrate these characteristics.

Near that sharp kink in the Nile which you can see in any map of Africa, below parallel twenty and between the third and fourth cataracts, we tied up one day to replenish our stock of firewood from the scrub. It was a completely desolate spot, just limitless sand. Soon, however, a middle-aged Arab appeared on a donkey. He scrambled to the ground and, after the usual small talk, said he had seen the medical flag which flew from the mast. Oh no, he was not ill but he thought it a good opportunity to ask why one of his breasts was a little harder than the other and a little larger. He had an early cancer. I said I would be at a certain hospital in about a fortnight's time. On arrival at the hospital I was told that my middle-aged Arab had arrived the night before. He had ridden two hundred miles to keep his appointment. I, in my turn, was able to keep faith with him. Two years later I had a message that he was alive and well.

Then there was an unexpected crowd which pressed round my wife and me one morning, whilst I was inspecting a tiny town. A woman insisted on kissing my hand. One of her kinsmen, from the crowd, informed me in Arabic that she who had been blind could, thanks to me, now see. Cataracts are not confined to the waters of the Nile. Everything seemed to be going my way that morning until the headman drew me aside and suggested that, as I had been able to restore sight to the woman, it would be quite easy for me to make his teeth grow again. He was edentulous and when I said that a visit to the dental surgeon (about four hundred miles) was his only hope, I knew for certain that my stock had fallen heavily. After my brief uplift earlier the sand felt unusually hot under my feet.

The faith of these people in vaccination against smallpox must be seen to be believed. It was born of long and bitter experience. The first indication of an epidemic would often be a small cloud of sand, from which would emerge a breathless man gasping the fateful word and asking for help.

At one hospital centre, after only twenty-four hours' notice, we vaccinated three thousand persons between breakfast and lunch. In the remoter parts it was a heartening sight to see crowds appearing across the apparently uninhabited desert in the hope of receiving vaccination for themselves and their children, particularly for those born since the last visit of a doctor.

Which reminds me!

A violent thunderstorm overtook us one evening on the top of a small rocky hill. There was no form of shelter except the stinking bodies of our camels which we barracked in a circle. The thunder roared, the lightning hissed about us and I should say that about an inch of rain must have fallen in the hour. When we reached the little village where we were to spend the night, we found every sign of rejoicing and a grand welcome. We were invited to dine with the sheikh and the lamb for dinner had its throat slit as my wife stepped over its body. "Grand reception for you," I murmured, "but you must remember that you are only the fourth white woman ever to accomplish this journey." The atmosphere in the hut was such that we elected to sleep in the rain in our riding kit. Before leaving at dawn I thanked the sheikh for his hospitality and the cordiality of his people. I felt he was a little hurt at our refusal to let him turn out of his hut for us. His comeback, delivered with the most delicious twinkle in his eye, was: "Yes, my people were very excited last night. You see, it has not rained in this neighbourhood for twenty-five years!"

Gambling and the entertainment of ladies are two endearing traits which bring one's servants into low water when their monthly wage is exhausted. These debts of honour, however, are loyally discharged—at the expense of their employer, of course. The technique is well illustrated in the following two incidents.

Every morning before dawn the cook goes to the market for daily supplies. After breakfast he renders an itemised account and is reimbursed. One day the bill was high because we were giving a dinner party that evening. Next morning, however, the following conversation took place: "Seven piastres for that little fish?" said my wife. "Not possible, Cook. Why, that's the same price that you paid yesterday in preparation for the party and tonight we dine alone!" Cook: "It takes as much time and trouble to catch a little fish as a big one." There was not a flicker on his face and he got his money.

Amongst our equipment on trek we always carried two large shallow metal tubs about three feet in diameter. These had many uses. Clothes could be washed in them, for instance; also the human frame, when infestation of the Nile with bilharziasis or crocodiles rendered it unsuitable for that purpose. "Tisht" was their name. We pulled in for a few nights near to a village where the servants claimed to have kinsmen. Sounds of revelry filled the air far into the night. Next morning one tisht was missing. Unfortunately, we were told, it had inadvertently slipped overboard when nobody was looking. Next day the other was reported missing. This was serious but we were amazed to learn that Allah had wanted it. "Bring that tisht back before sunset," my wife ordered, "and tell Allah that next time he wants a tisht he can buy one like anyone else." This reply was greeted with broad grins and the tisht reappeared, whereupon we departed with speed in order to save Cook from his creditors.

These people live their religion and are prepared to discuss it with tolerance and humour. On one occasion we lay off a tiny island which was subject to total immersion whenever the Nile was in full flood. Yet it was one of the many reputed birthplaces of Mohammed, on the analogy of "Queen Elizabeth slept here." "Not much of a place for your great Prophet to choose to be born in," I said. After a sensible pause the reply came: "Your Jesus of Bethlehem didn't choose much of a place to be born in either, did he?"

Stories such as I have told could be multiplied almost without end, but perhaps I have written enough to establish my point. The novelty of treating your first lepers or of holding your first malaria clinic soon passes. Even a confinement in a second-class compartment of a train wandering across the waterless desert to its next stopping place, eight hours ahead, becomes but another pleasant memory. And now, of course, cars and planes have largely superceded our camels and sailing boats. But if the essentials, as I believe, remain, it must still be a delight to live and work in a country where an invitation to dinner ends with the sentence: "And may the nightingales of contentment ever sing in the garden of your heart."

THE SPA TREATMENT OF ASTHMA

By F. WINSTON

Last summer a party of English physicians, led by Lord Moran, visited several French spas, and a report of the visit was published in the *Lancet*[1]. Among the spas visited was Le Mont Dore, widely regarded as the "providence des asthmatiques" and the "capitale de l'asthma."

A short account of Mont Dore and its history appeared in this journal last year[2], and recently articles by asthma sufferers claiming to have derived great benefit from the treatment given at this spa have appeared in both the *Leader* magazine *and the Sunday Express.*

It is, of course, difficult to assess the value of this sort of treatment, but there appears to be no doubt that a change of environment, the institution of a strict regimen and the apparent attempt to do something positive in the way of basic treatment of the underlying condition, as distinct from the immediate relief of symptoms, has a profound effect on the asthmatic patient.

It was pointed out by the late Sir Arthur Hurst that "the best treatment for asthma is not to have it," and any procedure which breaks the vicious circle of asthmatic attacks and offers some hope of a permanent cure must be of enormous benefit. Most of the patients treated at Mont Dore appear to be "satisfied customers" and the writer knows personally of at least five cases whose symptoms have been considerably alleviated by this form of treatment.

In this scientific age all mention of spa treatment for asthma appears to have crept out of the text books, though it is, of course, generally agreed that a good holiday involving a change of scene is of inestimable value in this complaint. The more fortunate patients are still sent to Switzerland and the Savoy Alps to dwell above the asthma line (4,500 feet) to relieve their symptoms, but at Mont Dore positive measures are taken aimed at providing relief not only during the treatment but afterwards when the patient has returned home. Similar stations exist in Germany, Northern Italy and in the Pyrenees but there is no doubt that Mont Dore is supreme in this field.

It is thought that some further details of the treatment offered may be of interest.

The Thermal Waters[3]

The waters of Mont Dore gush forth from eight springs (at a temperature of 38-44 degrees centigrade according to the source), from the volcanic rock into the interior of the Thermal Establishment. The gaseous waters contain silica, mixed bicarbonates, iron, magnesium, potassium oxide, iron oxide, sodium chloride, sodium sulphate and aluminium. They are slightly arsenical and radio-active. The total mineral content varies between 2G.50 and 3G per litre. The carbonic acid content is about 2G.55 of free gas per litre and is an important element in the spa treatment.

Carbon dioxide is not only found in the spring waters, but issues from numerous fissures in the rock around the Establishment and is admixed with minute quantities of oxygen and the rare radio active gases (argon, helium, neon, krypton and xenon).

The Thermal Establishment

The thermal establishment is situated in the centre of the town at an altiude of 1052 metres and has been constructed on a hillside on the ruins of the Gallic-Roman baths.

The Treatment

The properties of the waters of Mont Dore and the specialisation of the spa have had the effect of adapting the thermal practice to the treatment of affections of the respiratory apparatus. The mineral waters and thermal gases are administered by mouth, inhalation and hydrotherapy.

Inhalations

The inhalations of Mont Dore, which constitute the essential part of the cure are carried out according to a technique peculiar to the station, devised by Michel Bertrand in 1835. It consists in making the patient breathe in a warm fog of microscopic droplets of the thermal waters. The temperature of the fog is maintained at 30 and 32 degrees centigrade according to the room. The twenty inhalation rooms are in groups of two, each group being used by a different category of patient. The rooms are communal. The patients stay there for a variable time, 10 to 60 minutes, perhaps longer. They are dressed in a special costume which facilitates breathing and perspiration. On leaving the rooms they are dried in warm

lobbies before returning to their hotels to rest. The inhalations are taken in the early morning before breakfast. Private cabins are available for those not wishing to use the communal inhalation rooms. Two inhalation rooms, with water and vapour douches adjoining, are reserved under the supervision of nurses for the use of children under ten years of age.

Nebulisations (Thermal Aerosols)

The patient is made to breathe an aerosol of mineral waters at normal room temperature, which does not wet the clothes. This takes place in small cabinets holding three or four patients. No fatigue is involved and in certain cases these are used as an alternative treatment to the inhalations.

Treatment of the upper respiratory tract

Affections of the upper respiratory tract are treated by:—

(1) Gargling;
(2) Naso-Pharyngeal Irrigations;
(3) "Humages" and "Pulverizations" which enable a fog or jet of thermal waters to be directed onto the naso-pharynx.
(4) Nasal applications of thermal gases.

The thermal gases are brought to special departments where by means of a canula the patient introduces the gas into each nostril alternatively, for five to ten minutes.

Hydrotherapy

Numerous hydrotherapeutic practices are used in order to obtain sedation or decongestion. These include complete and hip baths and general, local, and vapour douches.

The hip baths (demi bain Roman) and foot baths are given in the hope of obtaining a decongestion of the respiratory tract, and for their sedative effects.

Numerous douches are given for their stimulating or sedating effect—according to pressure and temperature of the water. The patient stands at one end of the room and hydrotherapist directs water from a jet on to his skin at varying temperatures and pressures, according to the physician's instructions, with the object of obtaining sedating or stimulating effects on the underlying organs. For example, douches are given over the right hypochondrium and lower thoracic region with the object of stimulating liver function! Scotch Douches are given for their stimulating effects.

Vapour douches onto the thorax are supposed to produce very energetic "revulsive" effects on the lungs and pleura. The rationale appears to be the same as that of "cupping," which practice is still much used in France—but not in the treatment at Mont Dore.

Respiratory re-education

Under the direction of a physiotherapist general and respiratory gymnastic exercises are carried out either in the open air or in the Thermal establishment. These exercises are for certain patients an essential complement to the cure, notably those having deficient vital capacity and thoracic malformations.

The above is an account of the main services available and these should, of course, be used in accordance with the instructions of the physicians of whom there are about twenty in residence at the spa.

The Action of the "Cure"

One theory put forward to explain the rationale of the Mont Dore treatment is that the asthmatic attack is caused by the hypersensitivity of the bronchial mucosa to irritating toxins circulating in the blood. It is said that not only is the threshold of sensibility of the mucosa lowered, but that in many patients the level of toxins in the blood is abnormally high due to faulty liver function. However, it is believed that if the sensibility threshold of the bronchial mucosa is raised without a reduction of the level of circulating toxins, manifestations of the equivalents of asthma (hay fever, eczema, and, say the Mont Dore consultants, arthritis) are liable to occur. Therefore the treatment at Mont Dore aims at (i) lowering the excitability of the bronchial mucosa, and (ii) "clearing the system of irritating toxins."

This explanation is, of course, merely based on a somewhat nebulous hypothesis, but some evidence as to the action of the waters on the asthmatic state has been obtained.

". . . [3]In the course of several researches carried out at Mont Dore, Santenoise has stated that the cure has a remarkable action on at least two of the elements constituting the 'terrain asthmatic.' He has observed that the threshold of excitability of the respiratory centres to carbon dioxide, habitually abnormally elevated in asthmatic patients, was rapidly brought to normal under the action of the treatment. Secondly, by means of researches on the 'reflexe Solaire' and the arterial blood pressure, he has shown that the cure exercises a very pronounced action

on the sympathetic nervous system and more particularly on the pulmonary vascular spasms seen so frequently in asthmatic patients . . .

". . . But the most convincing proof of the action of the cure on the general asthmatic condition appears to be the constant fall of the blood eosinophilia during the course of the thermal treatment. Other researches have shown that the waters of Mont Dore lower the pH of the blood and the alkali reserve."

The local action of the cure is said to be sedative, antispasmodic and decongestive. The antispasmodic action of the waters has been demonstrated on the isolated bronchus.

" The action of the cure on the asthmatic state and on the respiratory apparatus is most marked when the patient is young and the symptoms of recent onset. For this reason the results obtained with children are almost always excellent."

Indications for treatment

While asthma in all its forms is the major indication for treatment at Mont Dore, emphysema, bronchitis, the after effects of respiratory affections and the sequels of gas poisoning are also treated.

Among conditions of the upper respiratory tract which are treated are spasmodic coryza. hay fever, congestive rhinitis, non-purulent catarrh, and catarrhal sinusitis.

Contra-indications to the treatment

are Pulmonary Tuberculosis, cardiac asthma and chronic suppuration in the respiratory tract.

References:

1 See "Lancet," 1949, ii, 1187 et seq.

2 "St. Bartholomews Hospital Journal," October, 1949, p. 215.

3 The following information has, with certain alterations and additions, been translated and abridged from "Le Mont Dore-Momento Medical," prepared by the Société de Medicine du Mont Dore, 1948.

"So you think we should send her to the psychiatrists . . ."

HORACE IN WONDERLAND

It was getting late and Horace had given up his seat at the desk for a comfortable armchair. With a textbook of pathology on his lap he paused in his reading to yawn.

"What an excellent soporiphic this is," he thought. "I must remember it—*Mist. Dible c Davie*—pages 3—*nocte*——"

He stopped in surprise, for there before him was a White Cell, muttering to himself as he pulled a plasma cell from beneath him and read the time from its clock-face nucleus.

"Oh dear, oh dear, I shall be very late. It's half an hour since I had my call-up papers from L.P.F."

"Who's he," said Horace, "and anyway, who are you?"

"What ignorance, indeed," replied the White Cell. "My name's Luke—Luke O'syte, you know—and he's my promoting factor."

"Of course," said Horace, feeling somewhat ashamed, "I should have known that!"

"Well, aren't you coming, too? Drink some of this," said Luke, handing him a bottle labelled *Reducing Agent*.

Horace took a draught and felt himself shrinking rapidly. Before he could answer he found himself careering along a capillary with his new acquaintance just ahead. On and on they went until they noticed the vessel widening and its walls becoming very tacky. The next moment they were squeezing their way between the endothelial cells of the capillary wall to reach the floods of oedema fluid on the other side. They started to move on but were met by several disheartened-looking polymorphs coming in the opposite direction. One of them stopped to speak.

"You're late, Luke," he said, "and not for the first time. It doesn't matter, anyway—it's all over."

"What's happened?" returned Horace's friend. "Has the pH dropped already?"

"No, those penicillin molecules have got in first again. It really is a shame; we've not had a chance to form an abscess for ages. If this sort of thing goes on we shall have to stage a strike. Do you remember the agranulocytosis we organised to scotch the last lot of sulphonamides? Well, I must be off—cheerio!"

"I sensed that something of the sort had happened," said Luke, turning to Horace. "There doesn't seem to be much leucotaxine about."

"Who was that chap, and why was he limping?" asked Horace, priding himself on his clinical observation.

"He's my brother. The poor fellow lost a pseudopodium on active service. Before that he was noted for his fine amoebic gait."

"I thought I noticed a family likeness." Horace felt he was doing well.

"We're twins, you know," Luke went on. "We are said to take after our mother. She was very handsome as myeloblasts go. It's a funny thing, but when we were born our relatives thought we were daughter cells. They should have examined our chromosomes more carefully."

"Fancy making a mistake like that," rejoined Horace. "To change the subject, where was your brother going?"

"Fishing, of course," said Luke, as if Horace was behaving very stupidly. "We spend all our spare time on the banks of the lung capillaries. That's where we catch most of the stray bacteria. It's only in a really good septicaemia that you can be sure of getting a bite in other parts of the circulation. Come along now, we're wasting time. Would you like a trip to the sternal marrow to meet some of my relatives? I expect you'll find them rather primitive, but they're a good lot."

Without waiting for an answer he sped off and Horace had to swim as fast as he could to keep up with him. They were soon inside a venule and were able to float in a leisurely way while the current bore them in a central direction.

"Don't talk," snapped Luke as Horace was opening his mouth to comment on the scenery. "You want to save all the breath you've got. It's frightfully anoxic here."

The stream grew faster and the lumen wider as each major vessel was joined. Horace felt that they must be in the vena ceva and he knew he was right when a jet of rich blood from the hepatic vein swept across their path.

"We shall be in the right auricle any moment now," said Luke. "Hang on to me tightly and we may be able to slip through the patent foramen ovale. It saves so much time to by-pass the lungs—Phew! That's

done it. Now, mind the mitral doesn't nip you—. We're away."

At the next systole they were into the aorta.

"Stay close to the walls," cried Luke. "That valve is grossly incompetent."

Horace felt he would never again doubt the possibility of a paradoxical embolism. He was too exhausted to notice anything more and he closed his eyes, completely confident in his friend's ability to steer a satisfactory course. When at last they reached the marrow he received a nudge from Luke. They both took seats on a reticulin fibre and looked around them.

"A fine bunch, aren't they?" said Luke, pointing to some haemocytoblasts of particularly plethoric appearance. "If you look carefully you might see some mitotic figures. We're quite unashamed of reproduction here, you know."

"Good gracious!" said Horace, getting very excited. "Look at that big fellow crying over there."

"You mean the megakaryocyte?" asked the knowledgeable Luke. "Those aren't tears he's shedding, you mutt, they're platelets. He does that all day long. I shouldn't care for the job myself. It's too sedentary. A lot of these R.E. cells lead a very lazy life. They just sit around and eat anything that comes along. Talk about *pica*, lumps of coal would be nothing to them. Only the other day I found them wolfing away some particles of Indian ink that a pathologist had put into circulation."

"Hello, old *chiap*," said a voice behind them. "Can't stop to speak—Cheer-ho!"

"One of the local snobs," explained Luke in a whisper. "He's been very pleased with himself ever since he won his blue at one of the ancient medullary universities. It's a good job there aren't many of those basophils about. The eosinophils are quite different—very shy folk. That's why they are always blushing. In fact you usually find them in a hypersensitive state. You realise, of course, that granules are really insignificant—it's brains that count."

"Naturally," said Horace, trying to appear intelligent.

"Our cortical powers bear a direct relationship to the lobes of our nuclei. We each start with one lobe—like that myelocyte over there, for example—and as we grow wiser we bud off more. My nucleus is pentalobular, you notice," he said with pride.

"I had appreciated your talents," said Horace tactfully.

"Do you see that monocyte at three o'clock? Would you believe it, he's so ashamed of having only one lobe to his nucleus that he tries to hide it under a cytoplasm of specially frosted glass."

"I can't see many lymphocytes," said Horace, looking around him.

"No, they don't really belong here. Would you care to visit one of their nodes?"

"Well, I've seen a great deal already and I don't wish to take up too much of your time."

"Nonsense, my ffiend," replied the energetic Luke, "just follow me again."

Away they went back into the circulation, whirling around so fast this time that poor Horace could not think at all. "We're nearly there," said Luke.

The flow of blood was becoming slower and sure enough the travellers soon saw a littoral cell looking down at them.

"Don't cub too dear," he said. "We've got lybphadeditis—it bight be catchid."

"That sounds like sinus catarrh to me," muttered Luke. "Never mind, we're here now."

They wandered out of the sinus and looked around them. Nearby they could see an active germinal centre turning out hundreds of lymphocytes a minute on a moving belt of reticulin.

"Almost inanimate," sniffed Luke.

"And who is that important looking large lymphocyte over there?" asked Horace.

"Let me see now," his friend answered, "that must be the Minister of Antibody Production. Let's have a word with him. . . Good evening, sir."

"How do you do, gentlemen," said the austere Minister. "As you can see we are very busy at the moment. I understand that there are some Bordet-Genjou bacilli about in the pharynx. That calls, of course, for an absolute lymphocytosis."

"Absolutely," said Luke.

"Once these little chaps leave the node," he continued, "they go out of my care and come under the influence of my friend Mr. A. P. Hormone. Then, according to the present teaching they start a strip-tease act, shedding Y-globulins—very complex, but I believe it works."

"Most interesting," said Horace. "Thank you."

"We don't think much of lymphocytes,"

Luke said quietly as they ambled on. "They move in rather low circles. We, for instance, wouldn't dream of associating with typhoid bacilli, but they positively flock around them. In spite of what the Minister of Antibody Production said about the suspected pertussis, I should be a bit surprised if all this activity was an early lymphatic leucaemia. They're a rebellious crowd."

"Well," said Horace, "what next?"

"Another trip around the circulation might blow the cobwebs away. Off we go."

Off they went.

"Where are we now, Luke?"

"Look at the walls, man; can't you see the fibrin deposits?"

"Anticubital vein you mean?"

"Look out! There's another of those confounded venepuncture needles."

Whoosh! It was too late. Horace felt himself being sucked up a lumen of stainless steel. He flung out his arms wildly to clutch something. He succeeded.

"What are you doing, Mr. Smith?" said his landlady, as she freed herself. "There now, I've spilt your coffee."

THE ORIGIN OF THE BLUE BOARD

On Wednesday, December 6, 1825, a meeting of the Students of St. Bartholomew's Hospital took place in the Anatomical Theatre, at which certain resolutions were proposed for presentation to the Surgeons of the Hospital.

They were as follows:—

1st—That for the benefit of the Students and the economy of your time, the name, age, disease, and treatment of each patient be posted on some conspicuous part of his bed.

2nd—That all accidents admitted be registered every day in a book kept for the purpose in each accident ward.

3rd—That a notice of all operations to be performed should be pasted on the board in the Anatomical Theatre.

(Here some desultory conversation arose previous to putting the fourth and last resolution, and which, indeed, was not embodied with the foregoing; it was as to the mode of conducting post-mortem examinations, and the shameful extortion of sixpence from every pupil entering the dead house; no doubt a relic from the Ancient Universities.)

4th—That you will please to cause due notice of every post-mortem examination to be given, and will also assist in correcting the present abuses of the dead house.

On the following Saturday an operation list was posted in the Anatomical Theatre, and not long after that, the first Blue board/White board went to the foot of the bed. A copy of one of the early boards follows.

MR. LAWRENCE

PHILLIS GOAT, ætat. 26

DATE			Feb. 16, 1826 S. FREEMAN
	Chronic inflammation of the eyes, with adhesions of the irides and cataract of the posterior lens of the right eye.		
Feb. 17	Diet, Rice.		Pil. hydr. gr. v. ter die. Solut. belladon. oculis. Cal. gr. iv. Pulv jalap gr. xij statim.
Feb. 20	,,	,,	Pergat in usu pil. hyd. Pil. aloes c myrrh, gr. x.o.n.
Feb. 27	,,	,,	Pergat.
Feb. 28	,,	,,	C.c. ab nucha ad xvj.
Mar. 1	,,	,,	Hirudines, x. temporibus. Ext. belladon.
Mar. 3	,,	,,	Emp. Lyttæ nuchæ.
Mar. 4	,,	,,	Mist. Ammon. acetat. 4tis horis.

The name on the right-hand space is the Dresser's; and on its left that of the Patient, with her age and nature of her malady. As the medicines are discontinued, they are underlined.

The rice diet seems to be of greater antiquity than is generally believed.

—EDITOR.

QUESTIONS ANSWERED

What dosage of penicillin is necessary in the treatment of the primary stage of syphilis to prevent the subsequent development of neurosyphilis?

The Co-operative Clinical Group in the United States analysed case histories of many thousands of patients treated for early syphilis with the old routine treatment of intravenous trivalent arsenicals and intramuscular bismuth for a minimum of one year. They found that the incidence of neurosyphilis (including those with spinal fluid changes only) was 5—6 per cent. in adequately treated patients with suitable "follow up."

Since the advent of penicillin it is the writer's experience that less than 1 per cent. of patients given adequate treatment for primary syphilis have developed neurosyphilis. On the other hand the early syphilis failure rate) mainly due to mucocutaneous or serological relapse) has been estimated within the range 7—25 per cent, by various workers. A few of these patients if they defaulted and were thus not re-treated might ultimately develop neurosyphilis.

At present in this country most clinics combine penicillin therapy with an additional three months' treatment with trivalent arsenical and bismuth or with bismuth alone. The minimal dosage advised consists of aqueous penicillin G 40,000 units three hourly for 60 injections for In-Patients. For Out-Patients treatment penicillin 600,000 units intramuscularly once daily for 8-10 days is satisfactory.

Some clinics in the United States are even using a single dose of 1.2 mega units of procaine penicillin combined with 2 per cent. aluminium monosterate for the cure of early syphilis. The writer's choice is procaine penicillin 600,000 units intramuscularly for 10 days followed by bismuth oxychloride 0.4 grams (0.3 grams for women) intramuscularly once weekly for 12 weeks.

The spinal fluid should be examined six months and two years after treatment and a careful clinical examination of the nervous system should be made.

If these prove satisfactory it is very unlikely that neurosyphilis will develop in any patient at a later date, but this can only be an interim opinion. We shall have to wait at least another 15 years before a final assessment can be made.

C. S. N.

How efficient is Streptomycin in the treatment of Tuberculous Meningitis?

The most important factor influencing the prognosis in patients with tuberculous meningitis who are treated with streptomycin is the stage of the disease when treatment is started. Vigorous treatment of early cases results in survival of about 40 per cent. of them when followed up for a period of two years. The diagnosis is difficult to make at this early stage so that unfortunately the majority of cases are advanced when treatment is started, and in this group only 10 per cent. survive. The presence of generalised miliary tuberculosis increases the mortality.

The prognosis is also influenced by the method used for the administration of streptomycin. Intramuscular streptomycin alone is unsatisfactory and the best results are given by combined intrathecal and intramuscular injections carried on for a period of at least three months. The majority of the surviving "early" cases are clinically normal and the cerebrospinal fluid returns to normal. About 15 per cent. of the survivors show signs of permanent damage to the central nervous system, the commonest being mental retardation, blindness, spastic paralysis and deafness.

G. W. H.

SO TO SPEAK . . . .

Ventrisuspension?

A twenty-one stone patient recently arrived in W.O.P.s with a letter from her doctor addressed to:

The Doctor,
Abdominal Belt Department.

Heard in the Special Department

"But he looks so respectable . . . " —*A woman student.*

Abstract from S.O.P.s

Q.: "Did you faint?"
A.: "I wasn't conscious of it."

—*A woman patient.*

DRAMATIC SOCIETY: 1950 PRODUCTION

LOT'S WIFE

At the CRIPPLEGATE THEATRE on Thursday and Friday, November 23 and 24. TICKETS by post from the Secretary, St. Bartholomew's Hospital Dramatic Society: price 2s. 6d.; 3s. 6d.; 5s.; 7s. 6d.

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* Reprints received and herewith gratefully acknowledged. Please address this material to the Librarian.

SPORT

CRICKET CLUB

SUMMARY OF 1950 SEASON

RESULTS:

Played 29, Won 12, Lost 6, Drawn 11

BATTING AVERAGES

Qualification ten innings

	In.	n.o.	Total	Gr't'st Score	Av.
J. D. W. Tomlinson	14	2	410	74	34.2
M. Braimbridge ...	12	1	282	74	25.6
J. A. Clappen ...	22	2	493	73	24.5
J. P. Waterhouse ...	14	3	228	55	20.7
H. B. Ross	25	1	496	54	20.7
D. G. Hodgson ...	19	0	316	64	16.6
A. G. May	17	3	219	80*	15.6
D. F. A. Aubin ...	19	5	205	34*	14.6
P. G. Haigh	20	3	213	40	12.5
P. B. Biddell	20	1	221	43	11.6

*Not out

BOWLING AVERAGES

Qualification 100 overs

	O.	M.	Runs	W'kts.	Av.
B. N. Foy ...	110.2	31	286	33	8.7
H. B. Ross ...	100	13	293	23	12.7
P. G. Haigh ...	228	30	677	52	13.0
J. A. Clappen	135.2	20	624	45	13.8
B. K. Arthur	178.1	25	514	36	14.2
D. F. A. Aubin	183	35	478	22	21.5

To a loyal supporter these results could only be interpreted in one way: the weather must have been bad.

Many of the draws were due entirely to rain and we like to think that our unimpressive batting figures can be put down to the same cause. As might be expected, our bowling analyses have shown a corresponding improvement. In 1949 the best bowling average was 15.3, whereas this year five accepted bowlers and Tomlison have done better than this.

We were defeated in the Hospitals cup at the second attempt by St. Thomas's at the end of June. After this game our consistent and hitherto unbeaten side became very depleted and for the rest of the season the strength of the team was very uncertain. Work of one kind or another deprived us of the services of Tomlinson, Braimbridge and Foy for the majority of the remaining matches including the Sussex Tour.

The small number of defeats, therefore, does great credit to the captaincy of Clappen in his ability to make the best use of the material at his disposal. Once again he showed himself to be the best all-rounder in the team.

The tour was largely a reflection of the previous year. We won four matches out of six and avenged our former defeat at the hands of Littlehampton.

Most of the successes we gained were due to little and often unexpected contributions from all the members of the team. It would, therefore, seem invidious to pick out any players for special mention but surely two exceptions immediately spring to mind.

First, P. D. Moyes. He has always been one of the stalwarts, and this year he has distinguished himself by being the only person to play in every match in spite of pressing engagements with the examiners. During the season he has conceded only 40 byes compared with 169 let through by our opponents, and has had 39 victims of whom 24 were stumped. Nevertheless, examinations leave their mark on the very best of us and as the season advanced we noticed with deep regret that there was a marked deterioration in the pitch, duration and volume of his appeals.

Secondly, B. K. Arthur, one of our best left arm bowlers. His scores for the season will demonstrate that he was easily our most consistent batsman: 0*, 0, 0*, 0, 5*, 0*, 1*,0, 2, 0*, 0*. It is on occasions such as these that one fully appreciates the hopeless inadequancy of mere figures. Cold print cannot convey the gratitude we all felt to Arthur as time and again he carried his bat to the wicket to play out the last two or three balls of the match and then carried it back again—having apparently staved off defeat purely by his presence at the receiving end.

The Second Eleven were of a higher standard than at any time since the war and they enjoyed a good season under the able leadership of S. W. Mellows. Their results were: Won 3, Drawn 2, Tied 1, Lost 2.

The Club has been ably served by its hard working Secretary, Harvey Ross, who has at times had to combine the jobs of captain, secretary and treasurer, and done them all very efficiently.

RUGBY CLUB

v. WOODFORD. Sat. Sept. 30th, 1950.
Result—Lost 8—3.

The Hospital played the first game of the season away from home under conditions which were a welcome change from those normally experienced in September.

The team played hard from the kick-off, admirably led by the captain and pack-leader. Bart.'s came very near to scoring in the first few minutes, when a Bart.'s centre exploited an opponent's error and carried the attack to the home side's goal-line.

Territorially, the advantage lay with Bart.'s for most of the first half. The score was opened with a penalty goal by A. J. Third.

Woodford, pressing hard, forced Bart.'s back by some very accurate kicking. They were rewarded by a try scored by their scrum-half, who slipped round the open side of the scrum and scored between the posts. The try was converted by P. D. Hepburn.

The second half was a very equal battle, each side saving difficult situations by good tackling. The pack played vigorously and well. P. D. Moyes hooked the ball in over sixty per cent. of the set scrums, and both wing forwards did grand work in worrying the opposing stand-off half. In spite of very wet, slippery conditions, the handling was good.

During the last ten minutes Woodford gained the advantage due to superior weight, and game experience this season.

An individual forward dribble resulted in a further try for Woodford, immediately before the final whistle. This was not converted.

The team wishes to thank those supporters who encouraged them on a wet afternoon, away from home, so early in the season.

Team:—V. G. Caiger, R. F. M. Jones, J. M. Kneebone, M. J. A. Davies, G. Picthall, K. A. Clare, L. Cohen, J. F. N. Maskell, P. D. Moyse, C. W. H. Havard, A. J. Third, W. Castle, M. V. Fitzgerald, D. G. Dick, R. A. Anderson.

The "A" XV beat Woodford "A" at home by 9—8.

GOLF CLUB

VERSUS ST. MARY'S. Won 3½—2½.

In this match played at Ilford on September 6, the team took revenge for their defeat at Moor Park in the beginning of the year.

Both teams were playing at half strength and the outcome was a question of whose tail would wag the more buoyantly. Whether the result was to be a draw or a win for Bart.'s remained uncertain until the end—J. S. Dodge and his opponent having disappeared somewhere in the gloaming and it was feared that some mishap had overtaken them. However, they did return eventually. Having been all square at the 18th they had proceeded to cut each others throats on the 19th and 20th holes, forgetting in their zeal, that the 18th represents the last hole!

RESULTS: D. H. Rushton lost to P. O. P. Newell 4 and 2; M. Braimbridge lost to A. G. Wells 1 up; C. J. R. Elliott bt. P. M. Forster 1 up; R. E. Dreaper bt. C. K. Hudson 2 and 1; J. S. Dodge halved with T. Gibson; J. P. Waterhouse bt. H. Montgomery 3 and 1.

SIR GIRLING BALL CUP

This competition was played, off handicap, on September 20th, at Sundridge Park golf course. Scores were high, due in the main to a north-westerly wind and the appalling condition of some of the greens in the new course. The cup was won by C. J. R. Elliott, who played very steadily and returned a card of two down on bogey.

Scores were as follows: 2 down, C. J. R. Elliott; 4 down, B. St. John Brown; 5 down, R. V. Fiddian, L. R. Gracey; 7 down, D. H. Rushton; 8 down, J. P. Waterhouse; 10 down, J. Montagnon; No returns—A. B. Lodge, J. S. Dodge, G. Greenhalgh, Blake.

BEVERIDGE INTER-HOSPITALS CUP

The result of the quarter-finals meant that D. H. Rushton and M. Braimbridge would meet L. R. Gracey and R. V. Fiddian in the semi-finals. This match was played at Sundridge Park G.C. on September 26th, and resulted in a 5 and 4 win for the latter. The final will be played at some future date.

FENCING CLUB

During the past season various members of the club put in a great deal of time and energy in practice with the result that though we only had two matches of which we won one and lost the other, we now have the nucleus of a very sound team with which we hope to fight a fair number of matches during the coming season.

One of our members, W. M. Beatley, also brought distinction to the hospital and the university by coming second in foil and third in the sabre in the U.A.U. championships and being thus largely responsible for London's winning of the cup.

During the coming season we hope to see a lot more new faces in the gym during our weekly sessions, especially from Charterhouse, as it is from those members that our future teams must inevitably be drawn.

It is hoped that the London University trials will be held in the Bart.'s gym in October for which some members of the team will doubtless be entering and there should be both hospital and university matches taking place which will be of interest to members of the club.

Later in the season we hope that we will again be fortunate enough to secure the services of our instructor, Prof. Delzi.

ACCOMMODATION WANTED

Bart.'s student and wife (no children) urgently require unfurnished accommodation, preferably in N.W. London area.

Please reply to the Manager of this JOURNAL.

N.A.P.T.

Fifty million Christmas Seals—the largest number ever issued—will decorate letters and parcels this Christmas and, more important still, will be the means of preventing the spread of tuberculosis and of helping those unfortunate enough to suffer from the disease.

The Seals are the gift of the Canadian Tuberculosis Association to the National Association for the Prevention of Tuberculosis in this country for the tenth year in succession. Attractive Christmas cards in similar colours are also available, and a new departure this year—though not especially linked with the Christmas Seal Sale—is the publication of brightly coloured Whist score cards, which may be of interest to social clubs, promoters of whist drives and others. The cost of the Christmas Seals is 4s. per 100, of the Christmas cards, including envelopes, 6d. each, and of the Whist score cards, 10s. per 100, and all can be obtained from the Duchess of Portland, Chairman, N.A.P.T., Tavistock House North, London, W.C.1.

BIRTH

COOPER, on October 2, 1950, at Queen Charlottes Hospital, Hammersmith, to Frieda (née Bell), wife of Dr. J. R. Cooper, a daughter—Monica Frieda.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

2nd B.M. Examination

Long Vacation, 1950

General Pathology & Bacteriology
Carlisle, I. O.
Special & Clinical Pathology
Hadley, D. L.

UNIVERSITY OF LONDON

General Second Examination for Medical Degrees

September, 1950

Cochrane, J. G.

Ph.D. Examination for Internal Students Faculty of Science

July, 1950

Mulligan, W.

Examination for the Academic Postgraduate Diploma in Clinical Pathology

October, 1950

Ratnavale, W. D. Vogel, L.

SOCIETY OF APOTHECARIES

Final Examination

August, 1950

Medicine
Gould, G. T.
Surgery
Bexon, W. H.

The following candidates, having completed the Final examination, are entitled to the Diploma of the Society:—

Bexon, W. H. Gould, G. T.

CONJOINT BOARD

First Examination — **September, 1950**

Anatomy			
Carrick, D. J. E. L.	Fletcher, L. O. A.	Jones, A. R.	
Physiology			
Carrick, D. J. E. L.	Fletcher, L. O. A.	Jones, A. R.	Walker, L.
Cuthbert, E. R.			
Pharmacology			
Batey, I. S.	Dreaper, R. E.	Khurshid, M. N.	Page, A. R. W.
Cave, J. D. H.	Gaskell, F.	Lascelles, B. D.	Penty, P. R.
Chia, A. K.	Gompertz, R. M. H.	Leigh, J. G. G.	Poole, G. H. G.
Clappen, J. A.	Hill, A. N.	Lewis, B.	Price, M. G.
Corbet, J. L. M.	Hill, F. A.	Lodge, A. B.	Randall, J.
Cretney, P. N.	Hill, J. J. McL.	Mears, G. W. E.	Stanford, R. M.
Davies, H. T.	Hughes, K. R.	Mules, R. J.	Train, P.

Final Examination — **October, 1950**

Pathology			
Albright, S. W.	Courtenay, P. H. E.	Jones, K.	Shah, M. C.
Apthorp, G. H.	Cox, W. H. A. C.	Jones, R. F.	Sims, A. J.
Bapty, A. A.	Drysdale-Anderson, R. J.	Leigh, J. G. G.	Smith, D. P. Q.
Barnes, J.	Farley, J. D.	Lumley, P. W.	Taylor, J.
Beattie, A. O. C.	Fildes, P. G.	Montagnon, J. L.	Taylor, W. N. A.
Birch, G.	Fuller, A. P.	O'Sullivan, D.	Thomas, G. E. M.
Bowers, K. E. J.	Hirst, G.	Parrish, J. A.	Trevan, A. C.
Carroll, D. S.	Hodgson, D. C.	Power, G. H. D'A.	Wilkinson, B. R.
Clarke-Williams, M. J.	Holbrook, B. W.	Reading, J. H.	Wilkinson, W. H.
Coldrey, P. A.	John, A. H.	Rosser, E. M.	Williams, D. J.
Connell, P. H.		Scott, A. E. R.	
Medicine			
Corbet, J. L. M.	Horwitz, H.	Richards, R. B. O.	Vickers, R.
Surgery			
Aubin, D. F. A.	Hirst, G.	Montgomery, B. K.	Vickers, R.
Blakeway, I.	Horwitz, H.	Pedersen, D. L.	
Midwifery			
Clulow, G. E.	Hambling, M. H.	Reading, J. H.	Wise, M.
Fildes, P. G.	Power, G. H. D'A.	Wilkinson, W. H.	

The following students have completed the examination for the Diplomas M.R.C.S., L.R.C.P.:—

Aubin, D. F. A.	Horwitz, H.	Pedersen, D. L.	Richards, R. B. O.
Blakeway, I.	Montgomery, B. K.	Reading, J. H.	Vickers, R.

APPOINTMENTS

The following appointments to the Medical Staff have been made with effect from the dates indicated:—

Casualty Physician (vice Dr. Bunje)	Dr. M. B. McIlroy	From 1.10.50
Dr. Spence's firm		
Registrar (vice Dr. O. Garrod)	Dr. H. J. B. Galbraith	From 1.11.50
Junior Registrar (vice Dr. Galbraith)	Dr. J. L. G. Thomson	From 1.11.50
Dr. Bourne's firm		
Junior Registrar (vice Dr. Hogben)	Dr. M. Wilkinson	From 1.11.50
Dr. Scowen's firm		
Junior Registrar (vice Dr. Mail)	Dr. H. Lloyd	From 1.11.50
Medical Professorial Unit		
Registrar (vice Dr. Rees)	Dr. R. Marshall	From 1.10.50
Mr. Corbett's firm		
Junior Registrar (vice Mr. Farrar)	Mr. J. G. Jamieson	From 1.11.50
Mr. Hosford's firm		
Junior Registrar (vice Mr. Hurt)	Mr. R. Youngman	From 1.11.50
Surgical Professorial Unit		
Registrar (vice Mr. Robertson)	Mr. R. M. T. Walker-Brash	From 1.10.50
Junior Registrar (vice Mr. Walker-Brash) ...	Mr. J. M. Potter	From 1.10.50
Dental House Surgeon	Mr. J. M. Leitch	From 1.10.50
Anaesthetic Department		
Resident Junior Registrar	Mr. W. J. Wright	From 1.10.50

BOOK REVIEWS

INDEX OF MODERN REMEDIES, 5th Series. 1950. The Scottish Chemist. pp. 86. Price 5s.

This very comprehensive and up-to-date index is an extremely useful reference book, and is meant essentially as a guide to the prescriber and the pharmacist. It supplies the information which the prescriber needs regarding new preparations, pharmaceutical specialities and their manufacturers.

As the range of preparations, which may be prescribed, becomes more extensive, keeping up-to-date entails considerable effort and time, and the conveniently classified information in this index should be of much practical value.

It is not intended as a text-book, but as an aid for quick reference; nevertheless, it is to be commended, and one could only wish that the author had expanded his material more fully.

B. Edwards, M.P.S.

FLORENCE NIGHTINGALE, by Lucy Seymer. Faber & Faber, 1950. pp. xiv + 154. Illus. 5. Price 8s. 6d.

Until this year there has been no biography of Miss Nightingale in print, and we needed one badly. How much better than that dimly seen figure of the Lady with the Lamp is the real Florence, a born leader with selfless determination, ruthless efficiency, keen intellect and indomitable shrewdness in handling people. The most intriguing point about her is the "illness" that made her a recluse for fifty years, "often so severely prostrated with illness that her doctors despaired of her life," and yet allowed her to do a staggering amount of work and to die in her sleep at the age of ninety.

Mrs. Seymer throws no light on it, but the dust jacket indicates that the book is primarily for young readers. She has an easy and attractive style, and everyone who heard her give the Florence Nightingale Oration in Atlantic City knows of her sympathy with her subject. Your reviewer regrets that there is no mention of Florence's owl, that used to travel in her muff.

WORTH AND CHAVASSE'S SQUINT, Edited by T. Keith Lyle, 8th Edition, 1950. Baillière, Tindall & Cox, pp. x + 319, Illus. 206. Price 35s.

Chavasse's edition of Worth's Squint laid the foundation of our understanding of the physiology of binocular vision, and enabled the treatment of squint to be put on a rational basis.

The book has now been largely rewritten by Keith Lyle and while retaining the fundamental concepts of Worth, the simpler terminology and lucid explanation greatly increase the value of the book to the less advanced reader.

The author's technique of surgical treatment is described and an appendix illustrates the investigation and treatment of eight cases of ocular palsy.

The printing and layout of the book are excellent, and there are a large number of new illustrations.

E. S. P.

THE SULPHONAMIDES, by F. Hawking and J. Stewart Lawrence. Lewis, 1950, pp. viii + 390. Illus. 46. Price 42s.

It is fourteen years since the Sulphonamide drugs were introduced into medicine and although they have now been displaced from many of their original therapeutic uses by penicillin and by other antibiotics, it is of great interest to review the changes in the treatment of diseases due to bacteria which were initiated by the discovery of these therapeutic agents. A very considerable improvement in therapy has taken place, and this is now being reflected by a continuous extension of the expected period of life of the whole population.

Drs. Hawking and Lawrence have prepared an interesting little book which gives a good summary of the development of sulphanilamide therapy from both the experimental and clinical standpoints. The book contains an account of the pharmocology and bacteriology as well as of the clinical applications of the sulphonamide drugs. The drugs are compared with penicillin and the present position as to the relative usefulness of these agents is discussed, and a list of references to most of the more important papers is included.

G. A. H. B.

THE PHYSIOLOGICAL BASIS OF MEDICAL PRACTICE, by C. H. Best and N. B. Taylor. 5th Edition, 1950. Baillière, Tindall & Cox, pp. xiv + 1,330, Figs. 601. Price 84s.

This book quickly found favour in this country, and now, thirteen years after the appearance of the first edition, it is a standard text-book widely used by students of physiology.

In the new edition an attempt has been made to keep pace with the productive research of the past five years. Much new material has been added, mainly accounts of new work, and some old matter has been removed. In addition, more than 100 new illustrations have been included. These changes have resulted in an increase in the size of the book by 160 pages. The book has now overcome most of the small blemishes that attended the first use of the two-column format in the last edition. The misprints of that edition have been corrected; the illustrations have been better adapted to the new format and, by the use of finer paper, their reproduction has been improved.

One of the virtues of this book has always been the attempt it makes to bridge the gulf between physiology and the clinical practice of medicine. It lays emphasis on the medical applications of the study of physiology, and it is therefore a book which the student will still wish to consult when his days in the physiology department are over. It cannot, however, be recommended as a sole text-book to all students at the commencement of their physiology course. Some would be able to select from it the essentials they then require; others would find themselves adrift in a sea of detail. But if used in conjunction with a smaller text even the junior student should find it useful and stimulating, while to his senior colleague, who already has a grasp of general principles, it should prove of the greatest value.

A SHORT TEXT-BOOK OF SURGERY, by C. F. W. Illingworth. 5th Edition, 1950. Churchill, pp. viii + 676, 13 Plates, 233 Figs. Price 30s.

Three years have passed since the last edition of this popular text-book was produced. The surgical advances of these years have necessitated revision of the sections on the surgery of the Blood Vessels and Infections of the Fingers and Hand, and new sections have been added on Pulmonary Stenosis and Portal Hypertension. In addition numerous small alterations have been made. In its overall size the book is little changed and it still provides in a compass of less than 700 pages a well-balanced lucid account of the essentials of surgery.

The preparation single-handed of a book covering so wide a field is no small feat in the present days of specialism. But Professor Illingworth has shown that such a feat is still possible, and that in a short text-book unity of approach to the whole subject can more than compensate for lack of detail in certain parts of it. It is the junior student who will benefit most from this unity of approach, and to him the book can be recommended wholeheartedly.

The illustrations in this edition are for the most part unchanged and include, in addition to many photographs, a number of excellent drawings and diagrams.

MODERN TRENDS IN ORTHOPÆDICS, Edited by Sir Harry Platt. Butterworth, 1950, pp. viii + 497, Illus. 222. Price 45s.

This is a book of considerable merit and interest. No attempt has been made to cover the whole field of orthopædics, but in the various sections the authors have concentrated on reviewing the more recent advances in methods of treatment and technique, and have also discussed some of the problems, both new and old, that have still to be solved.

The introduction by Sir Harry Platt reviews the scope of modern orthopædics, the place of orthopædics in the curriculum of the medical student, and the importance of the teaching of this subject being in the hands of experienced orthopædic surgeons. Definite views are expressed on the training of the orthopædic surgeon. Experience in general medicine and surgery is considered essential before he undertakes specialisation in orthopædics. These opinions must receive serious consideration coming as they do from so distinguished and respected a surgeon and teacher. They also fall into line with the present practice in America and various European countries.

In the section dealing with fractures, a brief survey is made of past methods and principles. The present-day view on the process of fracture healing is discussed and a detailed exposition given of the author's method of treatment of "short and oblique fractures with only potential stability" by the three-point action of splints. Finally there is an assessment of various operative methods of internal fixation of fractures, and here an interesting clinical impression is made regarding the undesirability of combining internal fixation with plaster fixation.

Acute and chronic osteomyelitis and tuberculosis of bones and joints is dealt with very completely. Recent views on the indications and technique for the operation of costo-transversectomy and laminectomy in the treatment of Pott's paraplegia are given clearly and concisely.

There are good sections dealing with scoliosis, certain vascular lesions, injuries to muscles and tendons, and paralysis.

The author dealing with injuries and derangement of the spine includes an interesting historical introduction. The relation of degenerative spinal changes and trauma in the causation of chronic backache is also emphasised.

The section on bone dystrophies is excellent and throws new light on the causation and pathology of these puzzling bone conditions. Endocrine disturbances and rare diseases of unknown etiology are discussed and are of primary interest in view of the current importance of all phases of endocrinology.

This book, primarily for those interested in orthopædic surgery, signposts new avenues along which the trend of modern orthopædic thought is proceeding and should stimulate fresh enthusiasm in those reading it.

A TEXT-BOOK OF VENEREAL DISEASES, by R. R. Willcox. Heinemann Medical Books, 1950, pp. 439. Price 32s. 6d.

The publishers claim that this new book "differs from all others in its wide global outlook." It is true that the author has included some account of a number of venereal and allied diseases occurring in the tropics. This section, however, is of little use to students in this country, while doctors working abroad will find fuller accounts of these diseases in text-books of tropical medicine.

A lot of hard work has been done in collecting and arranging all the current medical information, but unfortunately, the style of writing is poor. The book abounds in errors of grammar and construction and many phrases have a journalistic bias, e.g., "upper reaches of the uretha" (p. 12) "venereological armoury" (p. 44) "a new diagnostic test is born" (p.117). Sentences are long (there is one of 89 words) and the meaning of the text is sometimes obscure.

The author has tried to include too many medical details. For instance, mention of gonococcal tonsillitis (p. 56) and syphilitic epididymitis (p. 150) only tends to confuse the reader, if we accept that these conditions exist at all.

All the latest advances in the subject get a mention and the author even makes some predictions for the future, concerning the electron microscope, the Nelson test, and the uses of new antibiotics.

There are a number of incorrect or controversial statements and a few omissions, in the medical text. For example, the reviewer does not agree with the statement that female patients with acute gonorrhœa usually complain of a vaginal discharge (p. 63). There is no mention of fever therapy in the treatment of gonococcal salpingitis.

Too many of the patients photographed as having skin lesions of secondary syphilis are negroes.

This text-book will not prove as useful to practitioners and students as several others published in the last few years.

AIDS TO HYGIENE FOR NURSES, by Edith M. Funnell, 4th Edition. Baillière, Tyndall & Cox, 1950, pp. xii + 252, Illus. 14. Price 5s.

This is an enlarged new edition of a useful little book.

STUDIES ON TUMOUR FORMATION, by G. W. de P. Nicholson. Butterworth, 1950, pp. xi + 637, Illus. 184. Price 63s.

All pathologists will welcome the appearance of this series of articles published in the Guy's Hospital Reports between 1922 and 1938. The late Professor Nicholson had almost been persuaded to revise these articles for publication in 1948, but death unfortunately overtook him before the revision could be started. It has, therefore, been wisely decided to submit them in their original form.

The rather unusual approach to the subject is the result of much human pathological experience being blended with an outlook which was essentially biological. Certain specific problems in tumour formation are dealt with in the earlier chapters, where theories such as Cohnheim's on cell-rests, Wilms on teratomas, and Grawitz on hypernephroma are severely criticised and finally rejected. The chapter on hypernephroma will prove particularly interesting to a wide public as it gives an excellent history of the views on the nature of this common tumour. The later parts of the book discuss biological principles in relation to neoplasia. Although the final chapter was written about 12 years ago, the fact that Nicholson's opinions have not been invalidated by further discoveries is adequate testimony to his advance in ideas. That the author was also no mean artist is shown by the illustrations, many of which were drawn by him. Although much of the reading is rather closely reasoned and requires concentration, the philosophical approach to the subject is greatly lightened by the frequent references to specimens examined personally. Indeed, in reading some of these accounts one detects a sense of affection existing between the author and his tumours.

This work will be appreciated by all interested in neoplasia, and will serve as a source of information and as a stimulus to pathologists dealing extensively with tumours.

FIFTY YEARS IN MIDWIFERY, The Story of Annie McCall, M.D., by Patricia Barrass. Health for All Publishing Co., 1950, pp. 122. Price 6s.

Dr. Annie McCall was a real pioneer. After studying in London, Berne and Vienna she became medical officer to a Clapham mission founded by "the Prisoner's Friend," Mrs. Susannah Meredeth. A disagreement with Mrs. Meredeth led to the founding of her own clinic and eventually of the Clapham Maternity Hospital and its School of Midwifery. The story of this and of Dr. McCall's work in the fields of antenatal care, especially of the tuberculous patient, of midwives' and postgraduate training, is admirably told in this little book. It suffers a little from being written in the first person by an obvious *devotee*. The publishers have performed a worthy service in its production.

POST-GRADUATE OBSTETRICS AND GYNÆCOLOGY, by F. J. Browne. Butterworth, 1950, pp. vi + 544, Illus. 107. Price 50s.

At its title implies this is essentially a book for the trainee specialist. Because this is so, and because the material is derived from lectures, the book has not the continuity which is characteristic (or should be) of the undergraduate text. This lack of continuity is furthered by the omission of subjects discussed in the author's **Antenatal and Postnatal Care.** This means that each chapter is an isolated unit which can be read without reference to the rest of the book; cross references being only to the chapter under consideration. In some cases this means that a thorough knowledge of the subject is presupposed; in others the elementary facts are included. Professor Browne's selection of the topics to be dealt with in each manner is admirable.

The text, as a whole, is a noteworthy example of lucid writing and, whilst the references are by no means complete, the essential ones are present. The author draws his own conclusions from the material set down and although not all of these are acceptable, they are the carefully considered opinions of a master of his art, and as such should be respected.

The format is in the usual Butterworth style—a medium admirably suited to this type of book—and the quality of production is of their usual high standard.

GERMAN-ENGLISH MEDICAL DICTIONARY by Waller and Kaatz, 7th Edition. Allen & Unwin, 1950, pp. 224. Price 10s.

This "handy" little dictionary has been the standby of readers of papers in the original German for some years. It is essentially a specialised medical dictionary, and unless a first-rate command of basic German is possessed there must be few papers which could be mastered without the further aid of a standard dictionary. Nevertheless, it serves its purpose admirably. No more comprehensive and carefully picked selection exists in such small compass. The type is very suitable and the general production and format good.

EYE SURGERY, by H. B. Stallard, 2nd Edition. Bristol, John Wright, 1950, pp. xiii + 667, Illus. 550. Price 52s. 6d.

To those who have seen the first edition of this book no introduction or recommendation is needed. Suffice it to say that recent advances in technique have been included; that two hundred and twelve new illustrations (of uniformly high standard—the author's apology is unnecessary) and that certain illustrations, more applicable to war surgery, have been replaced. In all, a better edition than the first—this is high praise.

To those who have not seen the book it should be explained that it is something much more valuable than an encyclopædic compilation of the technique of eye surgery. Rather is it an account of the author's experience which has an individualistic flavour which one rarely finds in modern texts. It includes all the essentials of the subject and is written in much greater detail than is usual.

Messrs. John Wright are to be congratulated on the production.

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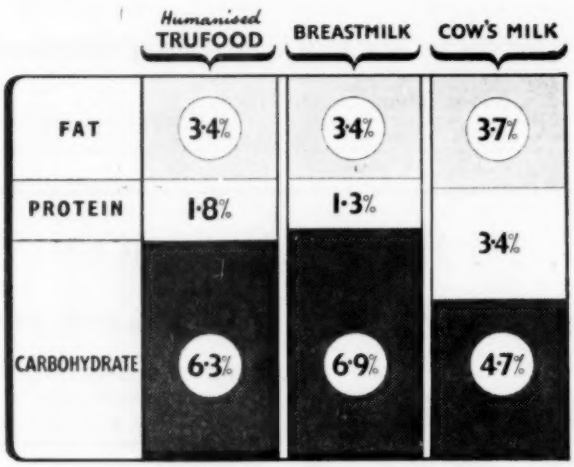

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